

Membership Application Form



Please enclose £1 membership fee with this form.

Name of Applicant:

Date of Birth:

Address:

Post Code:

Telephone Number:

Email Address:

Are you a tenant of the Association?

If not, why do you wish to become a member?

If you are applying as a Corporate Member, please complete the following:

Name of Organisation:

Type of Organisation:

Regulator:

Name of Representative Person:

Position Held:

DECLARATION

I wish to become a Member of Eildon Housing Association and will abide by its rules and support its Aims and Objectives, namely:

“The Eildon Group is committed to excellence in the provision of housing, care and support services for the individuals and communities we serve.”

I also confirm that I have not been declared bankrupt, or been convicted of arson, criminal deception, fraud, forgery, theft, robbery or the handling of stolen goods or any crime of violence associated with these or other offences against property.

I confirm I have read and understood the above statement

Date:

OFFICE USE ONLY: TICK BOX IF PAYMENT ENCLOSED	
SHARE NO:	